

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. **42939**
10702
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI OR TOWN ST. LOUIS, MISSOURI c. CITY (If outside corporate limits, write RURAL and give township) Benton City OR TOWN 0040 d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) Benton City OR TOWN 0040 d. STREET ADDRESS RFD 4 (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) FRANCES b. (Middle) WESTERFIELD c. (Last) TORREYSON		4. DATE OF DEATH (Month) December (Day) 13 (Year) 1950					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH 2-12-1895	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MIN. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Thompson Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Cucenus Barnes		13b. MOTHER'S MAIDEN NAME Minnie Thomas		14. NAME OF HUSBAND OR WIFE Willard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Willard Torreyson Benton City Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Heart Disease DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 4 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from DEC 12, 1950 , to DECEMBER 13, 1950 , that I last saw the deceased alive on DEC 13, 1950 , and that death occurred at 8:12 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John B. Shapleigh M.D.		23b. ADDRESS 321 No Taylor		23c. DATE SIGNED 12-14-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-14-50	24c. NAME OF CEMETERY OR CREMATORY Easttown Park		24d. LOCATION (City, town, or county) (State) Mexico			
DATE REC'D BY LOCAL REG. DEC 15 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

J. Allen Davis Jr

Licensed Embalmer No. *4083*

P. O. Address *St Louis 10 Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.